ind	PATI	ENT APPLIC	ATION	FEE DETER	RECORD		as it displays a valid OMB control number Application or Docket Number			
									OTHER	THAN
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	NTITY	OR 1	SMALL	ENTITY
	FOR	NUMBE	NUMBER FILED NUMB			RATE	FEE		RATE	FEE
	C FEE FR 1.16(a))						:345	OR		:740
	L CLAIMS FR 1.16(c))		minus 20			x∂S=		OR	x \$ <u>50</u> =	
	PENDENT CLAIN FR 1.16(b))	15	minus 3 * *			x.100		OR	x:200	
ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+.180		OR	+:360	
If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
	CI	AIMS AS AME	ENDED	– PART II						
	•	(Column 1)		(Column 2)	(Column 3)	SMALL E	NTITY	OR	OTHER SMALL	
1	\$1.4 € 1.0 ° 1.0	REMAINING AFTER AMENDMENT	7	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	ar :	*RÄTE-	ADDI TIONAL FEE
	Total 07 OFR 1.16(c))	. 5%	Minus	28	" (× 665=		OR	x.50	\setminus
	Independent Ø7 CFR 1.16(b))	.5	Minus	" 5	٠ _ ا	× : 400		OR	x:200	
	FIRST PRESENT	ATION OF MULTIPLE	DEPEND	ENT CLAIM (37 CF	R 1.16(d))	+:/80	<	OR	+.360	
						TOTAL ADD'L FEE	ζ.	OR	TOTAL ADD'L FEE	
		(Column 1)	•	(Column 2)	(Column 3)			•		
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total 67 CFR 1.16(c))	•	Minus	••	=	x, <u>25</u> .		OR	× 50	
	Independent (27 CFR 1.10(b))	•	Minus	***	E	× : 100		OR	× 900	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (97 CFR 1.16(d))					+.180		OR	0005.+	
لــ						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			7		
>		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TIONA FEE
JINIE	Total (37 CFR 1.16(c))	•	Minus	44	=	x , 25 =		OR	× .50 =	ļ
MINICIALITY	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x:100	<u> </u>	OR	×:900	ļ
Ē	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+:180		OR	+.360	
_						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	. If the entry in o	column 1 is less the Number Previous	an the ent	ry in column 2, wri	ite "0" in column	13.				

including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case: Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden; should be sent to the Chief-Information Officer, U.S. Determinents of time you require to complete this form and/or suggestions for reducing this burden; should be sent to the Chief-Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.